

SERIAL NUMBER 09/398,131	FILING DATE 09/17/99	CLASS 705	GROUP ART UNIT 2761	ATTORNEY DOCKET NO. COM675/96112
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RICHARD W. REICHERT, DALLAS, TX.

APT-L

CONTINUING DOMESTIC DATA***

VERIFIED THIS APPLN IS A CON OF 08/961,652 10/31/97 *now rd 597,412*

RD

371 (NAT'L STAGE) DATA***

VERIFIED

now RD

FOREIGN APPLICATIONS***

VERIFIED

now RD

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/07/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING 25	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 3
Verified and Acknowledged <i>RD</i> Examiner's Initials Initials					

ADDRESS	BRENT A CAPEHART HEAD JOHNSON & KACHIGIAN 228 WEST 17TH PLACE TULSA OK 74119
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TITLE	ON-LINE PHARMACY AUTOMATED REFILL SYSTEM <i>J</i>
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FILING FEE RECEIVED \$380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet

CONFIRMATION NO. 9672

SERIAL NUMBER 998,131	FILING DATE 09/17/1999 RULE	CLASS 705	GROUP ART UNIT 3629	ATTORNEY DOCKET NO. COM675/96112
APPLICANTS RICHARD W. REICHERT, DALLAS, TX;				
** CONTINUING DATA ***** This application is a CON of 08/961,652 10/31/1997 PAT 5,970,462				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 10/01/1999				
Foreign priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY TX	SHEETS DRAWING 25	TOTAL CLAIMS 15
Verified <input type="checkbox"/> Acknowledged <input type="checkbox"/> Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 3		
ADDRESSES				
ON PALS TECHNOLOGIES, INC.				
P.O. BOX 112383				
CARROLLTON, TX 75011-2383				
TITLE				
ON-PHARMACY AUTOMATED REFILL SYSTEM				
FIL FEE RE VED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	